MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045578

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11988

FILED DEC 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE Illinois b. COUNTY Jefferson
c. CITY OR TOWN: Mt. Vernon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 712 So. 24th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARIE Middle A. Last HOLLENBACH

4. DATE OF DEATH: Month December Day 3 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/1/1900

9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): House Springs, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Robert Allee

13b. MOTHER'S MAIDEN NAME: Eola Farnam

14. NAME OF HUSBAND OR WIFE: William Hollenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: William Hollenbach, Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured left internal carotid aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 330X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/27/63 to 12/3/63 and last saw her alive on 12/3/63
Death occurred at 5:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): FR Bradley MD — FRANK R. BRADLEY M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 12/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-6-63

23c. NAME OF CEMETERY OR CREMATORY: Opdyke Cemetery

23d. LOCATION (City, town, or county) (State): Opdyke, Ill.

24. FUNERAL DIRECTOR ADDRESS: Pulley Funeral Home, Mt. Vernon, Ill.

25. DATE RECD. BY LOCAL REG.: DEC 4 1963

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.